

## Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order.

- ☐ Face Sheet with signature (3 pages)
- ☐ Narrative (not to exceed seven pages)
- ☐ Schedule of Completion
- ☐ Project Budget Forms
  - ☐ Summary Budget
  - ☐ Detailed Budget
  - ☐ Budget Justification
- ☐ Current, federally negotiated rate for indirect costs, if applicable
- ☐ Specifications for projects involving digitization, if applicable
- ☐ Proof of Non-profit Status, if applicable
- ☐ Partnership Statement, if applicable
- ☐ Organizational Profile(s)
- ☐ List of key project staff and consultants
- ☐ Resume(s) for key project personnel (not to exceed two pages per person)
- ☐ Letters of Commitment
- ☐ Attachments

OMB No. 3137-0057

Exp. 1/31/2008

CFDA No. 45.307

# Face Sheet

IMPORTANT! READ INSTRUCTIONS ON PAGE 3.3 BEFORE PROCEEDING.

1. Applicant Organization _____		2. Organizational Unit (if applicable) _____	
3. Applicant Organization Mailing Address _____			
4. City _____	5. State _____	6. Zip Code _____	
7. Web Address _____			
8. Applicant Organization DUNS Number (9 digits) _____			
9. Applicant Organization TIN Number (9 digits) _____			
10. Name and Title of Project Director <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. _____		11. Business Phone of Project Director _____	
12. Project Director Mailing Address _____			
13. City _____	14. State _____	15. Zip Code _____	
16. Fax Number of Project Director _____		17. E-mail Address of Project Director _____	
18. Name and Title of Authorizing Official _____		19. Business Phone of Authorizing Official _____	
20. Authorizing Official Mailing Address _____			
21. City _____	22. State _____	23. Zip Code _____	
24. E-mail Address of Authorizing Official _____			
25. Is the applicant organization university controlled? <input type="checkbox"/> yes <input type="checkbox"/> no			
26. Governing control of applicant <input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> Private Non-Profit			
<input type="checkbox"/> Tribal Government <input type="checkbox"/> Other, please specify _____			
27. Type of organization (check one)			
<input type="checkbox"/> State museum agency	<input type="checkbox"/> Historic house/site		
<input type="checkbox"/> Institute of higher learning	<input type="checkbox"/> History museum		
<input type="checkbox"/> Museum services organization or association	<input type="checkbox"/> Natural history museum		
<input type="checkbox"/> Aquarium	<input type="checkbox"/> Nature center		
<input type="checkbox"/> Arboretum/botanic garden	<input type="checkbox"/> Planetarium		
<input type="checkbox"/> Art museum	<input type="checkbox"/> Science/technology museum		
<input type="checkbox"/> Children's/youth museum	<input type="checkbox"/> Specialized museum**		
<input type="checkbox"/> General museum*	<input type="checkbox"/> Zoological society		

\* A museum with collections representing two or more disciplines equally (e.g., art and history).

\*\* A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

28. Number of full-time paid staff \_\_\_\_\_ 29. Number of part-time paid staff \_\_\_\_\_

30. Number of full-time unpaid staff \_\_\_\_\_ 31. Number of part-time unpaid staff \_\_\_\_\_

32.–33.

Fiscal Year	Revenue/ Support/Income	Expenses/ Outlays	Budget Deficit (if applicable)*	Budget Surplus (if applicable)
Most recently completed FY 20____	\$ _____	\$ _____	(\$ _____)	\$ _____
Second most recently completed FY 20____	\$ _____	\$ _____	(\$ _____)	\$ _____

\* If Institution has a budget deficit for either of the two most recently completed fiscal years, please attach a single sheet behind this face sheet to explain the circumstances of this deficit.

34. Project Title \_\_\_\_\_

35. Amount Requested \$ \_\_\_\_\_

36. Amount of Matching Funds \$ \_\_\_\_\_

37. Grant Period (Starting Date) \_\_\_\_ / 01 / \_\_\_\_ — \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Ending Date)  
(must begin between 10/1/05 – 12/1/05)

38. In the space below, include the names of any organizations that are official partners of the project.

39. Applicant Organization Name \_\_\_\_\_

40. In the space below, summarize the project activities (2,000 maximum character count).

41. To the best of my knowledge and belief, the information provided in this application is true and correct. This application has been duly authorized by the governing body of the applicant, and the applicant will comply with all grant terms and conditions and with the assurances and certifications that appear in the IMLS 21st Century Museum Professionals guidelines.

Name of Authorizing Official \_\_\_\_\_

Title \_\_\_\_\_

Signature of Authorizing Official \_\_\_\_\_ Date \_\_\_\_\_

# Project Budget Form

## SECTION 1: SUMMARY BUDGET

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.4–3.7 BEFORE PROCEEDING.

### DIRECT COSTS

	IMLS	Cost Share	Total
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>INDIRECT COSTS*</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

\*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

**AMOUNT OF CASH-MATCH** \$ \_\_\_\_\_

**AMOUNT OF IN-KIND CONTRIBUTIONS** \$ \_\_\_\_\_  
(INSTITUTIONAL COST-SHARING, INCLUDING INDIRECT COSTS)

**TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS)** \$ \_\_\_\_\_

**AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS** \$ \_\_\_\_\_

**PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS** \_\_\_\_\_ %

Have you received or requested funds for any of these project activities from another federal agency?  
(Please check one) ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_

Date of application \_\_\_\_\_ or award \_\_\_\_\_ Amount requested or received \$ \_\_\_\_\_

# Project Budget Form

## SECTION 2: DETAILED BUDGET

Year ☐1 ☐2 ☐3 - Budget Period from \_\_\_\_\_ to \_\_\_\_\_

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.4–3.7 BEFORE PROCEEDING.

### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____

### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____

### FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS \$</b>			_____	_____	_____

### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTANT FEES \$</b>			_____	_____	_____

### TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS \$</b>				_____	_____	_____

# Project Budget Form

## SECTION 2: DETAILED BUDGET CONTINUED

Year ☐1 ☐2 ☐3

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES, &amp; EQUIPMENT \$</b>		_____	_____	_____

### SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES COSTS \$</b>		_____	_____	_____

### OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL OTHER COSTS \$</b>		_____	_____	_____

**TOTAL DIRECT PROJECT COSTS \$** \_\_\_\_\_

### INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 3.6.)

Applicant organization is using:

- ☐ A. An indirect cost rate which does not exceed 15 percent of modified total direct costs charged to IMLS.  
☐ B. Federally negotiated indirect cost rate (see page 3.6).

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Expiration Date of Agreement

Rate Base Amount

\_\_\_\_\_ % of \$ \_\_\_\_\_ = \$ \_\_\_\_\_

	IMLS	Cost Share	Total
C . Total Indirect Costs	\$ _____	\$ _____	\$ _____

## Specifications for Projects Involving Digitization

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.7–3.8 BEFORE PROCEEDING.

1. Describe types of materials to be digitized (e.g., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each.

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2. a. Identify copyright issues and other potential restrictions with regard to the original material:

- ☐ Public Domain \_\_\_\_% of total
- ☐ Permissions have been obtained \_\_\_\_% of total
- ☐ Permissions to be requested \_\_\_\_% of total – Plan to address: \_\_\_\_\_
- ☐ Privacy Concerns \_\_\_\_% of total – Plan to address: \_\_\_\_\_
- ☐ Other - Explain: \_\_\_\_\_

- b. Describe the terms of access and use of the digitized version created by this project.

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3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server): \_\_\_\_\_

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4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (e.g., minimum resolution, depth, tone, pixel dimensions):

- ☐ Master \_\_\_\_\_
- ☐ Access \_\_\_\_\_
- ☐ Thumbnail \_\_\_\_\_
- ☐ Formats for other media (e.g., audio, video, motion picture), include sampling rates, if applicable \_\_\_\_\_

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5. Describe (1) the delivery medium that will be used and (2) the digital access management system or systems that will be used to make this material available to others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the quality control plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Estimate cost per image. Include costs such as scanning, quality control and indexing. Indicate the basis for calculation: \_\_\_\_\_  
\_\_\_\_\_
8. Explain how content will be discovered through metadata, including which standards you will use (e.g., MARC, EAD, Dublin Core, VRA Core Categories, Categories for the Description of Works of Art):  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period: \_\_\_\_\_  
\_\_\_\_\_
10. If you are producing collection-level records, describe plans for submitting collection-level descriptive records to a bibliographic utility, such as Research Libraries Information Network (RLIN) or Online Computer Library Center (OCLC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe plans for submitting information about the project to a public registry of digital resources: \_\_\_\_\_  
\_\_\_\_\_
12. Provide URL(s) for applicant's previously digitized collections, if applicable: \_\_\_\_\_  
\_\_\_\_\_